24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if X 24-hour report 48-hour report New report Amends report	t filed on
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
IVIOSAIC	10 24 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	60.00
Cheverly MD 20781	Transaction ID : D605923 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 24 2016
Name of Federal Candidate Support	Office Sought: House District:
Rodham Clinton, Hillary, , ,	🗶 President Senate State:
Calcillati Total To Bato	Disbursement For: Primary ✓ General Other (specify) ✓
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
	10 24 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	60.00
Cheverly MD 20781	Transaction ID : D605924 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 24 2016
Name of Federal Candidate Support	Office Sought: House District:
FEINGOLD, RUSSELL, DANA, , Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 6530.00	Disbursement For: Primary General Other (specify) ☐ Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	·
King, Crystal, , , [Electronically Filed] Date	10 25 2016
Signature	

Schedule E)	IVI EXI END	TIONES		PAGE 2 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	X New rep	port Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mosaic				10 24 2016
Mailing Address 4801 Viewpoint Place			Amou	nt
City	State	Zip Code		150.00
Cheverly	MD	20781		action ID : D605925 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		10 24 / 2016
Name of Federal Candidate		✗ Support	Office Sough	t: House District:
Rodham Clinton, Hillary, , ,		Oppose	✗ Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	290677.08	Disbursemen 2016 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Mosaic			IV	10 24 2016
Mailing Address 4801 Viewpoint Place			Amou	nt
City	State	Zip Code	— L.	150.00
Cheverly	MD	20781		oction ID : D605926 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	TV	10 24 7 2016
Name of Federal Candidate		x Support	Office Sough	t: House District:
MCGINTY, KATHLEEN, ALANA, ,		Oppose	Preside	ent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	- y - 1 - y	9854.50	Disbursemen 2016 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			300.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
King, Crystal, , , Signature	[Electron	nically Filed] Date	10	25 2016
Signature				

Schedule E)	LIVI LXI LIVD	TIONES		PAGE 3 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Working America Coalition			C	C00620583
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Mosaic			10	24 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		660.00
Cheverly	MD	20781	Transaction I Date of Disbu	ID: D605927 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	24 2016
Name of Federal Candidate		x Support	Office Sought:	¥ House District: 24
WILSON, FREDERICA, S., ,		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		2860.00	Disbursement For: 2016 Other (sp	Primary x General pecify) ▶
Full Name of Payee	_		Date of Publi	c Distribution/Dissemination
Mosaic			10	24 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		660.00
Cheverly	MD	20781	Transaction II Date of Disbu	D: D605928 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10 N	24 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
MURPHY, PATRICK, , ,		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		96543.87	Disbursement For: 2016 Other (sp	Primary ✗ General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			1320.00
				7 -
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
King, Crystal, , ,	[Electron	nically Filed] Date	10 / 25	2016
Signature				

Schedule E)	NI EXI END	ITOTILO		PAGE 4 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	X New rep	ort Amends repo		= M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Mosaic				10 24 2016
Mailing Address 4801 Viewpoint Place			Amou	nt
City	State	Zip Code	— L.	680.00
Cheverly	MD	20781		action ID : D605929 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		10 24 / 2016
Name of Federal Candidate		x Support	Office Sough	it: House District:
Rodham Clinton, Hillary, , ,		Oppose	✗ Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	290677.08	Disbursemen 2016 O	ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Mosaic				10 24 2016
Mailing Address 4801 Viewpoint Place			Amou	int
City	State	Zip Code		180.00
Cheverly	MD	20781		action ID: D605930 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		10 24 2016
Name of Federal Candidate		✗ Support	Office Sough	nt: House District:
Ross, Deborah, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	3250.00	Disbursemer 2016	other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			860.00
				4 4
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	47-1-47-1-47-1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date	10	25 2016
Signature				

Schedule E)	INT EXI END	TTOTILO		PAGE 5 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Working America Coalition			C	C00620583
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee	<u></u>		Date of Public	c Distribution/Dissemination
Mosaic			10	24 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		180.00
Cheverly	MD	20781	Transaction Date of Disbu	ID: D605931 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	24 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Ross, Deborah, , ,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	3250.00	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Mosaic			10	24 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		180.00
Cheverly	MD	20781	Transaction II Date of Disb	D: D605932 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	24 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Ross, Deborah, , ,		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		3250.00	Disbursement For: 2016 Other (sp	Primary ✗ General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			360.00
				4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
King, Crystal, , ,	[Electron	nically Filed] Date	10 / 25	2016
Signature				

Schedule E)	IN EXILIND	ITOTILO		PAGE 6 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Working America Coalition			C	C00620583
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D B D / Y B Y B Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Mosaic			10	24 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		120.00
Cheverly	MD	20781	Transaction Date of Disb	ID: D605933 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	24 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
Ross, Deborah, , ,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	3250.00	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Mosaic			10	24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		120.00
Cheverly	MD	20781	Transaction I Date of Disb	D: D605934 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	24 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Ross, Deborah, , ,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	3250.00	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			240.00
				4 4
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	42 1 42
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date	10 / 25	2016
Signature				

Schedule E)	IVI EXI END	ITOTILO		PAGE 7 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Working America Coalition			C	C00620583
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Mosaic			M 10	
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		120.00
Cheverly	MD	20781		ion ID : D605935 Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	
Name of Federal Candidate		X Support	Office Sought:	House District:
Ross, Deborah, , ,		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	3250.00	Disbursement F 2016 Othe	or: Primary X General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Mosaic			10	
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		120.00
Cheverly	MD	20781		on ID : D605936 Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	M 10	
Name of Federal Candidate		x Support	Office Sought:	House District:
Ross, Deborah, , ,		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	3250.00	Disbursement F 2016 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			240.00
				7
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		• •	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date	4.0	25 2016
olynature				

Schedule E)	DENT EXPEND	TONES		PAGE 8 OF 8 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report 48-hour report	rt New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Accurate Business Systems			10	24 2016
Mailing Address 16112 NW 13th Ave Ste E			Amount	
City	State	Zip Code		500.00
Miami	FL	33169-5748		ID: D608695
Purpose of Expenditure Fliers		Category/ Type 004	M M 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	290677.08	Disbursement For: 2016 Other (s	Primary ✗ General specify) ▶
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Accurate Business Systems			10	24 2016
Mailing Address 16112 NW 13th Ave			Amount	
Ste E				
City	State	Zip Code		500.00
Miami Purpose of Expenditure	FL	33169-5748	Transaction Date of Disl	oursement or Obligation
Fliers		Category/ Type 004	10	24 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
MURPHY, PATRICK, , ,		Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		96543.87	Disbursement For: 2016 Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures			1000.00
				4
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		• •	7
(c) TOTAL Independent Expenditures)	4440.00
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date	10 / 25	2016